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ONE HUNDRED AND FORTY-FIRST ANNUAL SESSION

of the

MEDICAL SOCIETY of DELAWARE 1789 - 1930

OCTOBER 14th and 15th, 1930
DOVER, DELAWARE

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Tuesday, October 14th, 1930

Meeting of the House of Delegates
State House
11 A. M.

1. Call to Order.
2. Roll Call.
3. Reading of Minutes of Last Session.
4. Appointment of Committee on Nominations.
5. Reports of Officers:
 - a. President.
 - b. Secretary.
 - c. Treasurer.
 - d. Councilors.
6. Reports of Committees:
 - a. Scientific Work.
 - b. Public Policy and Legislation.
 - c. Medical Education.

- d. Cancer.
- e. Health Problems.
- f. Necrology.
- g. Publication.
- h. Hospitals.
- i. Hospital Survey.
- j. Library.
- l. Woman's Auxiliary.
- k. Syphilis.

7. Reports of Delegates:
 - a. American Medical Association.
 - b. Federation of State Medical Boards.
 - c. Other State Societies.
8. Unfinished Business.
9. New Business:
 - a. Resolutions.
 - b. Communications.
 - c. Appropriations.
 - d. Approval of Scientific Program.
 - e. Selection of Meeting Place.
 - f. Miscellaneous.
10. Adjournment.

**Essayists Taking Part in the Annual Sessions
 Are Requested to Make Careful Note of the
 Following:**

1. Papers read before the Society become the property of the Society. Each paper shall be deposited with the secretary when read. (Chapter X, Section 3 of the By-Laws).
2. Carbon copies are not accepted. Please turn in originals.
3. Double space all papers and leave plenty of margin, especially on first page.
4. No address or paper before the Society, except those of the President, invited guests, and orators, shall occupy more than twenty minutes in its delivery; and no member shall speak longer than five minutes, nor more than once on any subject, except by unanimous consent.
5. All members must be registered before they can participate in the proceedings and discussions of the general meetings. (Chapter III, Section 1, of the By-Laws).

6. Essayists will please remember that all papers presented before the Society become the property of the Society and therefore are not to be published or submitted for publication elsewhere than in the DELAWARE STATE MEDICAL JOURNAL.

Tuesday, October 14th, 1930**Scientific Session****State House****2:30 P. M.**

1. Treatment and Prognosis of Abortion.
—G. Metzler, Jr., M. D., Bridgeville
2. Exfoliative Dermatitis Following the Use of Heavy Metals in the Treatment of Syphilis.
—C. B. Scull, Jr., M. D. Dover
3. The Value of Proper Diet in the Prevention of Disease.
—M. B. Holzman, M. D., Wilmington
4. The Differential Blood Count.
—S. D. Earhart, M. D., Wilmington
Frozen Section Demonstration,
—S. D. Earhart, M. D., Wilmington

Dinner**Century Club****6 P. M.**

Dinner and entertainment to members, wives, and guests of the Medical Society of Delaware by the Kent County Medical Society

Wednesday, October 15th, 1930**General Session****State House****9:30 A. M.****Invocation:****Rev. George Ashworth Barstern, Dover****Address of Welcome:****Mayor Wallace Woodford, Dover****Presidential Address:****I. J. MacCollum, M. D.****Scientific Papers**

5. Suppurations Within the Chest.
—Arthur M. Shipley, M. D., Baltimore
6. Prevention of Infectious Transmission of Syphilis.
—John H. Stokes, M. D., Philadelphia

Luncheon**Maple Dale Country Club****12:30 P. M.**

Luncheon to members and guests by the Medical Society of Delaware

General Session**State House****2:30 P. M.**

7. Operative Treatment of Duodenal and Gastric Ulcer.
—W. F. Rienhoff, Jr., M. D., Baltimore
8. Address:
—Wm. Gerry Morgan, M. D., Pres. A.M.A., Washington, D. C.

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PROGRAM**Wednesday, October 15, 1930****Maple Dale Country Club****9:30 A. M.—Registration****10 A. M.—Meeting****Invocation—**

Greetings: DR. TALEASIN H. DAVIES, Wilmington.

Business Meeting—

Address: MRS. J. NEWTON HUNSBERGER, *National President*, Norristown, Pa.

Our Neighbors' Activities: MRS. WALTER FREEMAN, *President, Pennsylvania Auxiliary*; MRS. JAMES HUNTER, *President, New Jersey Auxiliary*; MRS. W. B. ODENATT, *President, Philadelphia County Auxiliary*.

The Medical Library: DR. LEWIS FLINN, Wilmington.

Discussion.**Luncheon****Maple Dale Country Club****12:30 P. M.****Social Afternoon**

THE MENTAL HYGIENE CLINIC IN DELAWARE*

PERSIS F. ELFIELD, M. D.

*Clinical Director of the Mental Hygiene Clinic of
The Delaware State Hospital*

At the last General Assembly, a law was passed authorizing the establishment of a mental hygiene clinic in the state of Delaware. In accordance with this law, the clinic started to function on the 12th day of August, 1929, attempting to follow a definite program throughout the state. But before we discuss Mental Hygiene as it exists in an individual clinic, let us discuss the general movement throughout the United States and the world.

Problems of insanity and mental deviations have existed for all times. At times they were looked upon with superstition; later they were recognized as diseases; but even when it was known that the mind was diseased, progress in treatment was slow. The numbers of people so diseased increased rapidly as life became more intricate. People in general accepted such a condition as incurable, and as a disgrace to the family of the one so afflicted. Physicians as a whole were not interested in the subject; even today, medical schools do not stress the problems of the diseased mind. The medical student is given a brief course in psychiatry, which in most cases he never thoroughly understands. Even if full understanding is present, the course is not long enough to interest the student. For this reason, the civilized world still feels the woeful lack of men trained sufficiently in diseases of the mind.

Institutions were built, it is true. But this, in earlier years, was more for the protection of the public rather than for the treatment of those who were mentally ill. They were housed and fed to a certain degree, but due to a sad lack of understanding of the mental reactions of those so afflicted, the environment was far from adequate. The mental disease processes were not stopped from becoming more serious, much less were they cured. The needs of these people, housed in groups, to keep them from deteriorating, were not thoroughly understood. Consequently, the patients deteriorated rapidly, and in a few years became mere masses of flesh and blood, descended to the lowest form of animal life, living within a

world entirely of their own, having lost all contact with their outside environment.

Today we see a great change rapidly taking place, due, to a great extent, to the work in mental hygiene. Mental hygiene, as it stands today, received its popular importance from the experience of Clifford Beers (now connected with the National Committee) who, for several years, was insane, at times violently so. He was incarcerated in both public and private institutions. Instead of accepting the situation as such, or vainly fighting against it, he developed a deep interest in his problem. After he was discharged as cured, he wrote about his experiences. Fortunately, he remembered them well, and was also able to give them to the public in a form that could be understood by laymen as well as by physicians. This greatly enlarged the scope of his work, since it was from the non-medical people that the greatest financial support was to be obtained. Clifford Beers staked his entire future on the success of his work, borrowing money so that his book might be published. He threw his entire mental and physical energy into his work, and he has now built for himself one of the greatest monuments which one man could achieve.

Clifford Beers was insane during the years of 1900 to 1903. In March, 1908, he published his book, "A Mind That Found Itself," and in May, 1908, the Connecticut Society of Mental Hygiene was organized. The following year Beers left the Connecticut Committee to help form the National Committee. In May of this year (1930) there was an international meeting held in Washington in which all of the continents and most of the countries of the world were represented. Papers were read by the leaders of this movement at the meetings. In a little over twenty years there has developed a world interest in a movement that is essential for the preservation of mental health.

With a movement that has interested such people as Dr. William James, Dr. Adolph Meyer, Miss Julia C. Lathrop, Dr. Jacob Gould Schurman, Dr. William H. Welch, Cardinal Gibbons, Mr. Henry Phipps, and many others whose names I cannot take time to mention, success was almost inevitable.

Mental hygiene does not have clinics of its own, but it helps in the organization of such, and it also furnishes information concerning this subject to those desiring it. The chief function of

* Read by title before the Medical Society of Delaware, Farnhurst, Oct. 10, 1929.

this organization is that of education. It is attempting to remove the stigma of mental disease from the minds of the public and to teach them the methods of prevention. It also carries on research work to determine what methods may be used to prevent aberrations. It studies various institutions, and carries on research in any field connected with mental health.

Aside from these things, the National Committee conducts an agency for establishing a method of mental examination of immigrants, and through its activities many undesirable aliens have been deported. There has also been created a department which renders special functions in the way of assisting those in charge of mental hospitals for the development of systems of occupational therapy. It has conducted careful studies in public schools and has thus added greatly to the information as to the value of individual over group tests. It has also promoted vocational guidance for the handicapped, attempting to make these self-supporting so that they will not be a drag on the community. It has helped to improve and modify laws relating to the insane and feeble-minded.

In 1923, the British Council for Mental Hygiene was formed with the following aims: "(1) The improvement of the mental health of the community. This involves a closer and more critical study of the social habits, industrial life and environments of the people, with a view to eradicating those factors which lead to mental ill-health and unhappiness, and to educating the public in all matters which militate for and against good mental health.

"(2) To study the causes underlying congenital and acquired mental disease, with a view to its prevention. To further this, the Council will promote investigation by competent workers.

"(3) To secure a more important position for the study of psychiatry in the medical curriculum, and the closer association of psychiatry with general medicine; to further the establishment of special clinics and out-patient departments for the early treatment of mental disorders; to raise the standard of care and treatment in the public mental hospitals; and to remove legal formalities which tend to postpone the effective treatment of cases of mental disorder in their early stages, or to divorce the treatment of mental disorders from other diseases. By combating the prevailing ignorance and superstition regarding the true nature of mental disease, it hopes to assist in re-

moving the stigma which handicaps the future welfare of those who have been thus afflicted.

"(4) Criminality, dependence, vagrancy and prostitution, insofar as they are failures of adjustment by reason of mental disease or defect. The Council will further the study of the problem of habitual criminality, and as to how far expert medico-psychological examination of persons charged with crime can assist towards its solution.

"(5) The mental hygiene of child-life in relation to education and parental responsibility.

"(6) The Council hopes to be the liaison between all societies, associations and other bodies interested in or concerned with mental hygiene, and as far as it can with advantage, co-operate with them. It promotes an International League of National Councils for combined action and interchange of knowledge concerning mental hygiene."

In 1925, more than twenty states of America had mental hygiene societies. The movement had spread to Canada, France, Belgium, South Africa, Great Britain and Brazil. Others who were contemplating, at this time, the organization of a committee were: Italy, Spain, Czecho-Slovakia, Hungary, Denmark and Sweden.

Twenty years have passed since the establishment of the first mental hygiene clinic. It was only in the year 1912 that sufficient funds were secured to enable the committee to do active work. It was a gift of \$50,000 from Mr. Henry Phipps which enabled the committee to carry on the first three years' work, and the greater part of this time was devoted to an attempt to promote education of the public so that a better attitude towards mental illness might be obtained.

In 1916, among the special studies undertaken was that of psychiatry, a clinic being established at Sing Sing. A survey was made of mental deficiency in one county in New York. Surveys were also made of the cases of mental diseases in Georgia, Connecticut, Louisiana, Pennsylvania, Indiana, Colorado, and California.

At this time, a Special Committee on Mental Deficiency was appointed. During the War, through the aid of mental hygiene, 72,000 men were rejected from those drafted because of neurotic and psychiatric disorders. For this reason, the rate of mental and nervous cases among the American Expeditionary Forces was much lower than it was at the time of the trouble on the Mexican border in 1916, and the rate of suicides was only one-tenth of that of our regular Army

in 1915. There was also much less crime among the Expeditionary Forces than among those in the unselected regular Army.

The field for future work is large, not only in this country, but in all countries. We must be proud of the steps which the United States has made. The world is watching and copying the United States, which country is now leading in mental hygiene work.

The work in Delaware is still very young. There is no state committee for mental hygiene, and it would seem essential that one be organized. The clinic itself is connected directly with the State Hospital. Out-patient clinics, connected with hospitals for the insane, is not a new idea. The Pennsylvania Hospital conducted an out-patient clinic for mental diseases in the 19th century. At that time, however, this was the unusual rather than the usual procedure. At the present time, there are many such clinics, and it would seem natural that the state hospital should care for all mental aberrations and all poor social adjustments, for it is from such that the mental patients develop.

The clinic in this state has been doing the greater part of its work with children, both of the school and pre-school ages. This again would seem natural, as it is at this time the personality traits are founded. To determine why some people behave as they do, and why some people have mental diseases and others do not, is a subject which is but poorly understood. But it has been fully determined that the foundation is laid early in life, whether it be due to heredity or environment, and the actual aberrations show themselves when the social conditions are such as to bring them forward. If heredity were the only cause, our problem would be only in birth prevention, but with a factor which has as many elusive and obscure points as environment, the problem is much more complex. Let it be said here that the consensus of opinion is that both of these factors play a very important part in the mental growth and adjustment of an individual. Another important item closely connected with mental health and frequently neglected is physical condition, not only in the individual himself but also in those who may be closely connected with the individual's environment. The latter would, of course, probably come under the heading of environmental conditions.

It can now readily be seen that to discover the cause of a mental aberration is a complexity which

requires a complete study of an individual from all angles of his existence. Each case must be taken individually, for a treatment which may be successful with one will be a failure with another. Different causes may result in an aberration which shows the same obvious picture. This cause can probably most readily be explained by truancy as seen in children. One child may be a truant because he is mentally subnormal and finds it difficult to keep up with his class work. School becomes an impossible burden to him. Another may be a truant because his mentality is above the average. His work is much too easy for him and consequently school is a bore to him because he has not enough to do to keep himself busy during the school hours. Still another may stay away because he has some low-grade infection which makes him continuously tired and indifferent. Yet all these causes have produced the same end-result, viz: truancy. From this simple description, it can readily be seen that the treatment must be different in each case. The mentally retarded child may do well in a special class where he associates with children of his own age and with work that is compatible with his own degree of mentality; or he may do well in some vocational course. The boy who is mentally advanced must be given work which is sufficiently difficult to keep his mind stimulated. The third boy should adjust after he has received the proper medical attention.

Excluding ordinary school retardation due to mental deficiency, truancy is one of the simplest problems which a clinic of this type must handle. There are, indeed, many cases which are not as easily explained as these. In such cases, several interviews with the child will usually bring out the underlying difficulty.

No matter what the anti-social behavior be, there must be some etiological cause. Human beings do not fight against the social order of things unless there is some reason. Every effect has its cause, and as every action has its reason, so every thought and every deed is produced by some definite stimulus. The healthy individual or child, mentally and physically, will react to stimuli of the social system in a way which produces the greatest comfort or adjustment for himself and for others. The abnormal individual will react in a way which will relieve the subconscious strain, but which may cause difficulties in his external world for himself or others. In other words, the subconscious seeks self-express-

sion regardless of the outward results. For treatment to be of any lasting value, all these things must be considered and all factors which may cause an antagonistic reaction taken into account. A child may never know that it misbehaves, since it attracts attention to itself to satisfy its ego which it can do in no other way; yet, this is often the case. If an individual thoroughly understood why he reacted in a definite manner he might be able to change these reactions; but since he does not understand, he needs the help of an outside agent who has no personal emotional interest involved.

After this attempt in trying to describe the cause of maladjustments, it can more readily be seen what the functions of a mental hygiene clinic are. The practicing physician frequently uses the same methods of treatment, for he sees the individual patient in his own environment, realizes his faults, and is frequently the patient's counsellor in other things. Mental hygiene is merely another development of an age of specialization.

As I stated before, the Clinic in Delaware was established under the auspices of the State Hospital. Within two months it was readily seen that the work would be overwhelming and much more than one clinic could successfully care for. In attempting to explain the work which is necessary on each case, any individual can readily recognize that one group could not carry on the necessary work in connection with the examination of over 1,000 cases. However, fortunately, a great part of the clinic burden is due to retardation cases which showed no physical or behavior problems, and for this reason a great deal of detail work was eliminated, although the clinic felt that each individual should have had complete service; however, it was felt that it was necessary to take care of the preliminary work during the first year. Regular clinics have been held in the three counties, two or three times a month in Wilmington, two times a month in Dover, and two times in Georgetown. Clinics have been held at the Delaware State Hospital on every Friday afternoon and Saturday morning of each week. These were held for general cases referred by the agencies and physicians, although many school children were brought by visiting teachers, this being particularly true in Kent and Sussex Counties. An attempt was made to carry on psychological examinations in all of the opportunity classes in the Wilmington schools,

and this was done with the exception of the colored schools, which could not be finished due to the closing of the school year. Clinics were scheduled to be held in each of the institutions in the state at regular periods of time, but the school work became so heavy that it was impossible to do this, and it was thought more advisable to carry on this work during the summer months when the Clinic would be relieved of the burden of the school work.

Within a few months after starting our work, many surprising things were found throughout the state. Group tests carried on in three industrial schools showed that there is rather a high percentage of mental deficiency cases, many of which should have been sent to the Colony for the Feeble-minded. It was found that among the girls the most common result of mental deficiency was sexual crimes; and among the boys, truancy and petty larceny. Possibly a great deal of this truancy might have been avoided if there had been a clear understanding of the psychological makeup of the individual. In the school work, it was found that the children were, on the whole, fairly placed in school, with a few exceptions. In some cases, they had been pushed a few years ahead; in others, they were very intelligent children who were failing in their work because of poor social adjustment and poor physical condition. Where the physical condition was poor, advice was given if possible.

The cases brought to the regular clinics naturally proved to be the more interesting, as they showed the further advanced problems. A few cases of low-grade psychosis were found, but they were kept out of our institutions, and were helped in their adjustment in daily life so that they could keep their place in the community during the treatment. Some of the problems of the children were solved by placing them in different homes. This, of course, means all those children who were placed in foster-homes and where it was found that the original foster-homes were not desirable ones for the particular type of mental make-up which the child presented. When institutional cases were found at large, they were recommended to the proper institutions. These cases were usually those which belonged to the Delaware Colony at Stockley. A few cases were recommended for sterilization and these recommendations were sent to the State Board of Charities.

Before closing I would like to present a few illustrative examples of some of our special cases:

Case No. 171: This girl is aged 11 years 4 months. She was brought to Clinic for lying. This child was found, on being examined psychologically, to have dull normal intelligence. Report had been that the home in which child had been placed was ideal, but on investigation it was found she had no toys to play with; she was not brilliant in school and was not in any way athletically inclined. On close examination it was decided that the child was telling these stories because she was unable to satisfy her ego in any other way. On supplying her with a few small playthings and talking to her at several interviews, she made a perfect adjustment, and in nine months' time there has been no further difficulty with her behavior.

Case No. 150. This boy is aged 8 years and 9 months. He was brought to Clinic for setting fire to buildings. He had been to clinics before with a possible diagnosis of pyromania. Psychological examination showed the boy to have an intelligence quotient of 111. Physically, this boy had a slight heart lesion which apparently did not interfere with his activities in any way whatever. Home investigation showed that the home itself was an ideal one, but the foster-parents were not particularly intelligent, and this boy had superior intelligence, thus having no difficulty controlling all situations. He persistently set fire to buildings when he was reprimanded or when he was unable to do as he pleased. This boy was brought to the Clinic for several examinations. Throughout all of these examinations he was egocentric and rather disdainful to the situation. After a few interviews he became a bit more friendly, but it was felt that he could not adjust in an average foster-home because of his superior intelligence. Eventually a home was found for him with people who were able to cope with him mentally. After being present in this home for a few weeks a radical change could be noticed. The boy is developing childish reactions commensurate with his age; he is happy, and no further complaint has been made of his incendiary tendencies.

Case No. 197. This girl was brought to clinic because of her severe depression, with the attitude that life was not worth living and that she was much inferior to all of her companions. This girl was aged 19 years. Her intelligence quotient was 113. On investigating the home situation of this girl it was found that she had never adjusted well with her mother, and that there was

much too strong fixation between herself and her father; also, that she was passing through a love affair which she was taking considerably more seriously than necessary; this seriousness being due to the fact that she had a complete misunderstanding as to the sexual relations and rather a strong feeling of antagonism against them. This interfered with any consideration of marriage, although she admitted she was much in love with the boy. Her entire attitude was that she was not amounting to anything. This was combined with a feeling of uncertainty as to her future, in spite of her high intelligence and rather decided artistic talent. She became extremely indifferent to her studies and had considerable difficulty passing her midsemester examination in spite of the fact that she ranked in the upper grouping of her class psychologically. Physically, this girl showed little defect except that she was slightly anemic and had a rather marked thyroid deficiency. This girl returned to the Clinic for frequent interviews during which an effort was made to change her attitude towards sex and to encourage her as to her future. She was placed on thyroid treatments to which she reacted readily. This girl has made a complete recovery from her attitude towards life. She managed to pass her final examinations among the highest in her class, and she has now gone abroad to study. At her last appearance at the Clinic her entire outlook had changed; she was cheerful, enthusiastic as to her future, and she was taking a great deal more interest in her personal appearance.

Case No. 55. This woman is aged 38 years. She came to the Clinic for an interview at which time she was very depressed, was unable to speak without crying; she was paranoid, hallucinated, and showed a decided reaction to the question of sex. Physical examination showed that she was essentially negative except for a slightly anemic condition, for which she was placed on a tonic. After repeating her interviews for eleven months, during which time she was given suggestive treatment, she has made a complete recovery and now has a clear insight into her condition, realizing that all of her symptoms were due to the process of her imagination. This case was based entirely on sexual complexes which were due to the patient's extreme curiosity, combined with her rather essential ignorance of the subject, not having had adequate training as a child. She was discharged from the Clinic as cured and allowed to go back to her work.

EDITORIAL

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Vol. II

SEPTEMBER, 1930

No. 9

THE 141ST ANNUAL SESSION

The 141st Annual Session of the Medical Society of Delaware will be held in Dover on Tuesday and Wednesday, October 14th and 15th. The program of things medical and social is an interesting and attractive one, and we hope every member, and his wife or sweetheart, will be present to enjoy it. In conformity with the usual schedule, the Session will be only two days, the three-day meetings being arranged only when the Society meets in New Castle County. Surely, every physician who is a member of the Medical Society of Delaware can arrange to attend.

FEES OF PHYSICIANS VS. LAWYERS

Under this heading the *Journal of the Indiana State Medical Association* writes the following pertinent editorial comment:

A good deal is being said in the lay press now concerning the high cost of illness, and it seems that many of the writers have the mistaken notion that the blame should be placed upon the medical profession. Not a few writers talk about the big fees and the large incomes enjoyed by physicians, when as a matter of fact physicians on the whole are paid far less for skilled services and receive less as a direct return upon investment than those who follow any other skilled vocation.

It makes us smile to note how some writers value medical and surgical services, and we desire to remind them that from actual experience we know that when we call upon a lawyer for an opinion concerning the validity of a deed to property involving not to exceed five thousand dollars the lawyer will give his opinion inside of fifteen minutes and said opinion will cost not less than twenty-five dollars and probably anywhere from fifty to two hundred dollars, depending upon the reputation and experience of the lawyer. We are sued for damages amounting to twenty-five thousand dollars, which suit is a plain "hold-up game," the defense of which requires no particular preparation, the suit lasting but three days and resulting in a favorable judgment, but nevertheless we are "stung" to the tune of \$2,500 by an attorney who charges ten per cent of the amount alleged to be at stake. Admitting that the lawyer had spent a few hours preparing his brief, and parts of three days in the trial, we submit that a fee of \$2,500 is so greatly out of proportion to the fees charged by physicians and surgeons as to be positively ridiculous. The lawyer's preparation for his life work, and his expenditure of time, effort and money ordinarily does not cost one-fourth what it costs the physician to prepare for his work. The physician is lucky if he gets ten dollars for a consultation which may be the means of prolonging life, and he may get from \$150 down to nothing for an operation or for weeks of skilled attention which saves a life. The "poor downtrodden and much abused lawyer" would consider himself insulted if offered compensation comparable to that paid to the well-trained and competent physician and surgeon.

Even the veterinarian is paid more for attending the sick hogs of a farmer than the physician is paid for attending the children of that same

farmer. Can it be that hogs are worth more than children?

There is room for some change of opinion concerning the value of professional services.

EDITORIAL NOTES

DEAR DOCTOR:

THE JOURNAL and the Cooperative Medical Advertising Bureau of Chicago maintain a Service Department to answer inquiries from you about pharmaceuticals, surgical instruments and other manufactured products, such as soaps, clothing, automobiles, etc., which you may need in your home, office, sanitarium or hospital.

We invite and urge you to use this Service.

It is absolutely free to you.

The Cooperative Bureau is equipped with catalogues and price lists of manufacturers, and can supply you information by return mail.

Perhaps you want a certain kind of instrument which is not advertised in THE JOURNAL, and do not know where to secure it; or do not know where to obtain some automobile supplies you need. This Service Bureau will give you the information.

Whenever possible, the goods will be advertised in our pages but if they are not, we urge you to ask THE JOURNAL about them, or write direct to the Cooperative Medical Advertising Bureau, 535 N. Dearborn St., Chicago, Illinois.

We want THE JOURNAL to serve you.

Atlanta, Georgia, is paving the way for a large increase in population. She has already laughed the Ku Klux Klan into limbo, and now she is decreeing the exit of the music crank who insists upon keeping the neighbors awake at night. The city has decreed that the curfew shall ring to-night and every other night at 11, for radio fans and saxophone students.

A new ordinance providing a maximum penalty of \$200 fine or 30 days in the city stockade prohibits loud radios or unseemly playing of musical instruments after 11 p. m.

All that is necessary for an arrest is the complaint of neighbors, and the alleged offender will be compelled to face a police court judge.

We propose the pensioning of the Ex-Presidents of the American Medical Association. Reason: A recent "Ex" appears in huge advertisements of a certain soap as recommending said soap. If a year's service as President of the A. M. A. takes up so much time and so impoverishes the honored incumbent that he has to resort to advertising campaigns to recoup his losses, then the A. M. A. should either pay a handsome salary for that one year's work or else pay a fair pension for a number of years, or for life. Thus, the rank and file of the medical profession will be spared the mortification of seeing their former Presidents participate in practices that are probably unethical and certainly undignified, and the ordinary doctor will no longer have to apologize to his patients for the capers of his former Chiefs.

Well, one of the Mayos called on Will Rogers, and, as might be expected, Mr. Rogers mentioned the fact in one of his published weekly letters, and with it a nice little compliment and boost for the Mayo Clinic. It really is funny how some medical men get free advertising and apparently without any effort on their part. You can't stop that sort of thing, for we know that many medical men receive favorable publicity which is unsought and probably very distasteful to them. The Mayos have let others toot horns for them, but there are altogether too many medical men who toot horns for themselves, and that at least we ought to be able to suppress.—*Jour. Ind. S. M. A.*

Editing a small medical journal, with few contributors, no praise, and many kicks, is a task that calls, really, for a true devotion to the work, especially when it is entirely without remuneration. Many have been the times when we felt like chucking the whole works and yelling "Let George do it," only to find our courage renewed by some little item in the mails. The other day we received a letter that, unintentionally, described us exactly, and thereby amused us greatly, for from the omniscient city of New York came this gem:

Head Stenographer,

Delaware State Med. Journal,

Du Pont Bldg.,

Wilmington, Del.

DELAWARE PHARMACEUTICAL SOCIETY PHARMACY*

WALTER L. MORGAN, Phar. G.,

Pharmacy, as you doubtless know, is one of the oldest of the professions, antedated only by that of the priest. Away back, 4000 or more years ago, among the temples of ancient Egypt, the priest was the healer of bodies as well as of souls. We can imagine that in those vast temples along the Nile, some of the priests were allotted to perform the acts of worship, some served as physicians, and still others prepared the medications needed by ailing devotees. We do know that the medical priesthood was very insistent upon having its medicines properly prepared since

* Address delivered before the Suburban Square Club, Richardson Park, June 9, 1930.

there are, today, in some of the great museums papyri, dating as far back as B. C. 1700, describing minutely the preparation of potions, poultices, and other pharmaceuticals.

As to ancient Greece we hear more of the great physicians, Dioscorides and Galen, than of the apothecaries who compounded their prescriptions. Presumably, in Greece of 2000 years ago, the pharmacist was the physician's helper rather than an independent worker.

In imperial Rome, civilization was almost as complex as it is in the cities of America today. Complex civilization demands specialization and so, in the proud city of the Caesars, there were many shops akin to our modern pharmacies. These were divided into several classes, such as ointment and plaster makers and, finally, the medicamentarii. This latter class appeared to have enjoyed the confidence of the Roman physicians; and the "R", that order for medicines written by the physician and compounded by the pharmacist, came into being. It is of interest to note, that the pharmacist of today compounds prescriptions written in the same style and frequently with the same symbols that were employed by the medical men of ancient Rome.

Most of you have perhaps given very little thought to the part which the pharmacist plays in the promotion of public health and are not familiar with the preparation which it is necessary for him to make in order to qualify as a guardian of that health.

The educational requirements for a license to practice this profession are exceedingly high, embracing both college instruction and practical work. The college work includes courses in theoretical and operative pharmacy, physics, chemistry, materia medica, biology and bacteriology. In addition to this, at least 2 years' practical work in a pharmacy under the direction of a registered pharmacist are necessary before an applicant is permitted to take an examination given by the State Board of Pharmacy. If, as a result of this examination, the Board of Pharmacy is satisfied that the applicant is proficient, he is then granted a certificate of registration permitting him to practice pharmacy in the state.

Many of you have, no doubt, the usual idea of the drug store; that it is just another store whose sole reason for being is the sale of merchandise. Pharmacy stands in the anomalous position of being the only one of the professions dispensing

merchandise as well as service, thereby making it necessary for the pharmacist to be also a merchant. In addition to his stock of vegetable drugs, chemicals, galenicals and biologicals and allied lines such as bandages and other surgical dressings and sick room supplies, including thermometers, bed pans, feeding cups, etc., he is forced by necessity to carry lines which are not even remotely related to Pharmacy. This condition is brought about by the fact that in almost every city and town there are too many pharmacies to supply the strictly medicinal needs of the community.

In Germany, Austria, Czecho-Slovakia, Hungary, Poland and most other European countries, pharmacies are limited in number by law, one to each 10,000 of population. This is a proper ratio. These pharmacies are owned and operated only by professional pharmacists, who compound prescriptions and dispense medicines only. No patent medicines, no candy, no cigarettes, no soda fountain—drugs only. In the U. S. the condition is much different. While the laws regulating the practice of pharmacy are as rigid as elsewhere, there is no limitation of the number of drug stores with the result that there are too many. For instance in the average American community there is one pharmacy for every 1800 people. Patent medicine stores are not included in this list.

Ten professional pharmacies could easily supply the pharmaceutical needs of a city of 100,000 population. When this is divided among 60 to 70 stores there is not enough strictly professional business to go around which necessitates the carrying of other lines and of the establishments taking on a more or less mercantile aspect. However, the underlying reason for the existence of the modern drug store is the practice of professional pharmacy as it relates to the promotion of the public health. In this practice the pharmacist is concerned not only in the proper dispensing of corrective agents, but also in the supplying of preventive ones such as disinfectants, germicides, bacterial vaccines and antitoxins. In the dispensing of this service he is bound by an inflexible ethical code. While the pharmacist is frequently consulted by his patrons on matters of health and will recommend remedies for simple head colds, or acute coughs or for corns or toothache, he will not attempt to usurp the privilege of the physician because he is not fitted by education or training to either diagnose or treat dis-

ease any more than is the physician by his training fitted to compound and dispense remedial agents. Therefore, when you have recited to your druggist a list of your aches and pains, real or imaginary, and he tells you to consult your physician, he is advising you in the interest of your health. Do not attempt self diagnosis because 9 times out of 10 your guess is wrong. Today radio and newspaper broadcasts of patent medicines apparently make self diagnosis an easy matter, that is if you are of an imaginative, credulous nature.

In my character as a conservator of the public health I would advise you to avoid the use of those highly exploited nostrums which are held forth by their promoters as being panacea for all or nearly all the ills to which man is heir. The manufacturers of these nostrums are for the most part neither physicians, pharmacists nor chemists and the concoctions themselves usually fall far short of fulfilling the grandiloquent claims made for them by high-powered advertising managers.

While the corner druggist always stands ready to administer first aid in time of accident it must be understood that this service is only for the purpose of giving temporary relief until a physician can be secured or an ambulance summoned, as the case may require.

Perhaps it might interest you to know something of the origin of a few of the hundreds of remedial agents regularly carried in the stock of the professional pharmacy. These come from all parts of the world. Aloe, one of our most valuable laxatives, is the dried juice of the leaf of a plant, the principal habitat of which is the Island of Barbadoes off the northern coast of S. America. Aloe comes to us packed in gourds. Aloe also comes from East Africa packed in monkey skins. Rhubarb from China. Cascara Bark from Oregon. Senna leaves from India. Cinchona Bark, yielding Quinine, from the East Indies and South America. Digitalis from Central Europe. Ephedrine, much used today in the treatment of respiratory diseases is the active principle of Ma Huang, a plant found only in the Gobi Desert in North Central Asia. Physostigma, the ordeal bean of the Calabar, used by the natives to determine the innocence or guilt of a person charged with witchcraft. The accused eats the bean. If he recovers—guilty. If he dies—unproven.

In closing, I want to thank you for your attention and wish to leave you with the thought

that while your corner druggist is from necessity a merchant, he is also the practitioner of a profession which is very necessary to the preservation of your health and well being.

WOMAN'S AUXILIARY

The last gathering of the Woman's Auxiliary was held in the form of a get-acquainted picnic supper held at the summer home of Dr. and Mrs. John H. Mullin, Georgetown, Maryland, on July 2nd. There were forty members and their husbands present; all enjoyed the outing very much, and deeply appreciated the cordial hospitality of Dr. and Mrs. Mullin.

It is expected to have a meeting in October, at Dover, at the same time that the Medical Society of Delaware has its annual meeting, and a large attendance of members is hoped for.

The organization, which has been completed and the By-Laws adopted, wishes to start the year with active interest displayed by all members, old and new.

MISCELLANEOUS

The National Institute of Health

Successor to the Hygienic Laboratory

By the act of Congress approved May 26, 1930, entitled "An act to establish and operate a National Institute of Health, to create a system of fellowships in said institute, and to authorize the Government to accept donations for use in ascertaining the cause, prevention and cure of disease affecting human beings, and for other purposes," the Hygienic Laboratory will hereafter be known as the National Institute of Health of the United States Public Health Service. The author of this measure was Senator Joseph E. Ransdell, of Louisiana.

The general purposes of the act are to provide large facilities for investigations of diseases of man and matters pertaining to the public health, to encourage research and the training of individuals engaged therein, to enable the Government to accept bequests in aid thereof, and to bring about co-operation with scientific institutions in the prosecution of research work.

Public health investigations by the Public Health Service were first authorized in 1901. Since then substantial progress has been made and

many new facts have been discovered which have had an important bearing on the prevention and control of disease. The necessity for this work far outstripped the facilities for its conduct. Under the above-mentioned authority, these facilities may be greatly enlarged.

In its development the new institute will have the advantage of the traditions of the Hygienic Laboratory. In reality the Hygienic Laboratory becomes the National Institute of Health which, with enlarged facilities, will be devoted to investigations of the underlying problems not only of communicable diseases, but of degenerative diseases and environmental conditions affecting health.

In aid of this work the Secretary of the Treasury may hereafter accept gifts to be held in trust and used for the purposes mentioned; the expenditures to be safeguarded in all respects as are other governmental funds. These gifts may also be used for the establishment of fellowships to encourage individual scientists. Appointments and services under these fellowships will be governed by laws and regulations affecting the United States Public Health Service. Individual ability is the most valuable asset of a people of a country. The object is to encourage postgraduates of extraordinary ability and to aid them to follow permanently their scientific bent in the interests of humanity.

In order that those who make gifts may have a living part in the development of the Institute, provision is made whereby donations of \$500,000 or over will be acknowledged permanently by the establishment within the Institute of suitable memorials.

The Secretary of the Treasury has recently accepted a gift of \$100,000 offered by the Chemical Foundation, Inc., through its president, Mr. Francis P. Garvan, under the provisions of the Act of May 26, 1930, which authorizes the Government to accept donations and to create a system of fellowships, etc., in the National Institute of Health. The condition is made that the income from this fund be used for one or more fellowships in basic chemical research in matters pertaining to public health, the details of which are left to the Surgeon General and his Advisory Committee. The Act provides that conditional gifts such as this may be accepted by the Secretary of the Treasury if recommended by the Surgeon General and the National Advisory Health Council.

The Nurse the Doctor Wants

The ideal nurse for the present-day physician is one who has good breeding and an attractive personality, skill in giving general care and making patients comfortable, who can observe and report symptoms well, takes care to follow medical orders and is adept at handling people.

This picture of the perfect nurse was ascertained from questionnaires sent to doctors in many branches of medicine, by the Committee on the Grading of Nursing Schools, which is conducting a five-year study of nursing and its problems. The above qualifications were the five most stressed by the more than 4,000 physicians from all parts of the country who answered the queries.

Just how the various requirements for a good nurse rank in the minds of the physicians as a whole, may be seen from the following:

- 65% want the nurse to have skill in general care.
- 65% want the nurse to have skill in making the patient comfortable.
- 45% want the nurse to have skill in observing and reporting symptoms.
- 43% want the nurse to have care in following medical orders.
- 34% want the nurse to have good breeding and attractive personality.
- 30% want the nurse to have skill in handling people.
- 28% want the nurse to have skill in asepsis.
- 27% want the nurse to have familiarity with hospital routine.
- 22% want the nurse to have experience and background.
- 21% want the nurse to have familiarity with their personal methods.
- 15% want the nurse to have ability to work under a heavy strain.
- 15% want the nurse to have familiarity with a particular disease.
- 3% want the nurse to be a responsible adult to take charge of the family.
- 3% want the nurse to be a mother's helper and houseworker.

The modern physician thus places the old-fashioned concept of a nurse as "a pair of hands and feet" at the bottom of the list. His demand now is for a woman of good background, of high professional principles, with thorough training and experience in the actual care of the patient, as nurse for his cases.

The study shows that the demand for practical nurses by physicians is steadily dropping, with 84% preferring the graduate, registered, trained nurse at all times for their own cases, and an additional 8% preferring them always for certain types of cases.

The general practitioner and the internist are most interested in the ability of the nurse to give general care, 69% and 70%, respectively, registering for this quality, as compared with the average percentage of 65. The neurologist is least

interested in it, though more than half of those questioned checked for it.

Skill in observing symptoms is most desired from the nurse by the surgeon, neurologist, obstetrician and pediatrician. The three last-named groups also had a more than average interest in the qualification of good breeding and personality. The surgeons emphasized skill in asepsis and care in following medical orders as well.

The neurologists are by far the most interested in having for their patients nurses who can handle people, 61% checking this, as compared with an average of 30%.

Nurses who take particular care to follow orders shine brightest in the eyes of the pediatricians, 57% of them desiring this qualification, while the average demand is 43%. The surgeons and the obstetricians are most interested in having nurses familiar with hospital routine and their personal methods.

Nine out of ten physicians reported they are getting the nurses they want and would be glad to take the nurse on their last case back again. The surgeons were the group most satisfied, 63% of them marking their nurses with the highest rating.

Some of the typical comments made by the physicians, that show what they appreciate in nursing care specifically, were:

"A good observer, gentle, thorough. She follows orders explicitly and reports changes promptly." "My nurse has a sense of humor, which helps a lot." "She kept hordes of anxious relatives and friends out of the room." "She has always been cheerful." "She combined a good technical training with common sense." "She carried out orders but modified them when the need was obvious." "She had a proper sense of the dignity of the position." "She is intelligent, observing, not afraid to take a severe case twelve miles in the country." "She was a good cook and knew how to handle people." "There has been a very distinct improvement in the patient's mental condition during her stay in the hospital."

"Her asepsis was perfect." "She was of great value in preventing a psychosis from developing." "One of the nurses was exceptionally good-natured and tolerant." "Anyone who can feed a patient a half-pound of cooked liver daily for four or five months deserves credit for being a good cook and knowing how to handle people." "She sees to it that even the family are happy."

Another Gas Hazard

The American people are beginning to be protected so far as concerns the food they take into their stomachs. They have only inadequate protection of the air they take into their lungs. Under the Federal Food and Drugs Act, a bureau of the United States Government is charged with the duty of excluding from interstate commerce foodstuffs that are spoiled, adulterated, or preserved with toxic substances. The government gives little or no similar protection with regard to materials and articles in interstate trade that may be harmful or fatal when their fumes are inhaled.

The Committee on Toxic Gases, appointed by the American Medical Association a year ago, has already published reports on the hazards of carbon monoxide from city gas and automobile exhaust and on the hazards of the gases used in household refrigeration. The most significant feature, particularly of the latter report, is that the information which has now been gained at the cost of many human lives could and should have been obtained by laboratory experiments on animals. Even when such knowledge is available, it is not self-enforcing. Governmental supervision and enforcement of laws and ordinances are necessary, if the public is to be protected from its own ignorance of such technical matters. This need is emphasized by a new, or greatly increased, gas hazard to which, according to reports, the public is to be exposed during the coming winter.

Methanol, or methyl alcohol, was until recently produced by the destructive distillation of wood. It is now manufactured from water gas and hydrogen ($\text{CO} + \text{H}_2 + \text{H}_2 = \text{CH}_3\text{O}$) at a cost which makes possible a large production at a low price. One of the uses for which methanol is well adapted in all respects, except one, is in the antifreeze mixture in automobile radiators. This unfortunate exception to its good qualities consists in the fact that methanol is a volatile cumulative poison. When taken in frequently repeated small doses, methanol induces blindness; in larger doses, whether by the stomach or by the lungs, it may cause death.

As the coefficient of distribution of methanol between water, or blood, and air is high, by far the greater part of any quantity of methanol that reaches the lungs is absorbed. Unlike ethyl alcohol, methanol is not burned in the body to any considerable degree; and its excretion through the breath and the urine is extremely slow. The toxic dose is not large and is easily reached even when the amount absorbed daily is too small to induce a noticeable initial effect. Contrary to the claims that would minimize its dangers, methanol is quite as poisonous when inhaled into the lungs as when taken into the stomach. Erroneous also is the assertion that, as the synthetic product is almost pure methanol, it is less toxic than the somewhat impure product obtained by the older method of manufacture. The fact is that in any preparation of methanol, pure or impure, the chief toxic substance is the methanol itself.

If, as now seems probable, methanol is widely sold for use in automobiles during the coming winter, and if precautions and warning in regard to the dangers of inhaling its fumes from heated automobile radiators are not instituted, it is highly probable that many cases of blindness will result, and probably also fatalities—*Jour. A. M. A.*, Aug. 30, 1930.

OBITUARY

JOHN J. JONES, M. D.

Dr. John J. Jones died at his private hospital, 1012 Delaware Avenue, where he lived, July 24, 1930, from blood poisoning, resulting from pricking his finger while performing an operation about a week before. Dr. Jones was born in Neath, South Wales, on October 13, 1855, and was a widely known physician in Wilmington. Coming to this country in 1858, with his parents who settled in La Crosse county, Wisconsin, he attended the public schools and also received private instruction. In 1879 he received the degree of M. D. from the College of Physicians and Surgeons in Baltimore, and later took post-graduate courses at other medical institutions. For a time he practiced in Frostburg, Md., but came to Wilmington in 1883. At first a general practitioner, he subsequently became well known as a surgeon, and in 1896 established the private hospital at the Delaware Avenue address. He was a member of the New Castle County Medical Society, Medical Society of Delaware, American Medical Association, Grace M. E. Church, and St. David's Society, of Philadelphia. Surviving are his wife, Mrs. Louise Griffith Jones, and two children, Mrs. David Mitchell, of New York City, and Dr. Lawrence J. Jones, who was associated with him in practice.

LOUIS B. YERGER, M. D.

Dr. Louis B. Yerger died in the Homeopathic Hospital August 1, 1930, after an illness of more than two years, during which time he had undergone nine operations and blood transfusions for tuberculous peritonitis. Dr. Yerger was born in Wilmington in 1890, the son of the late Hiram and Sarah Windle Yerger. He was educated at Friends' School and Pennington Seminary, Pennington, N. J., after which he matriculated at Hahnemann Medical College, in Philadelphia, whence he was graduated in 1913. He served as an interne at the Children's Hospital, in Philadelphia, and the Reading Hospital, in Reading, Pa. On coming to Wilmington he became a member of the staff of the Homeopathic Hospital. He was a member of Washington Lodge, A. F. and A. M., the Delaware Consistory, Lu Lu Temple, A. A. O. N. M. S., the Homeopathic State Board of Medical Examiners, and was a past president of the Homeopathic Medical Society of Delaware. He also belonged to Dela-

ware Post, No. 1, American Legion. Surviving him are his wife, two sisters, Mrs. Shermer H. Stradley, of this city, with whom he lived, and Mrs. Bertha Pauline Compton, of Preston, Md. Leonard K. Yerger is a brother.

The Truth Will Out

New light has been thrown on the sensational story of the 40 children who were reported to have been blinded through the accidental use of a cauterizing fluid in the eye clinic of a Greek hospital at Kessariani, near Athens. This clarifying revelation, which changes the whole complexion of the affair, comes in the form of an official denial from Ch. Simopoulos, Minister from Greece.

The statement, which suggests indignation concerning the misinformation, confirms the earlier suspicion that the original story was propaganda pure and simple, less pure than simple, and that it had no real basis in fact; that it was deliberately, and perhaps maliciously, false.

This suspicion was first aroused when some optometrists seized upon it so avidly and incorporated it in their advertising matter. To those familiar with hospital methods the story did not ring true, so an investigation was begun under the direction of Mr. Reiss, past president.

The fact that the story did not come from Athens direct, but was relayed from London, also made it look "queer"—to say the least. And now it stands exposed as a pernicious falsehood, further abased in its use as advertising propaganda, a deliberately unfair attack upon the medical profession in general but directed at the Eye Physician in particular.

Fortunately, the story has been effectually spiked. However, such publicity must, in the end, react upon its authors.—*Guildcraft*.

Goiter Award

At the recent meeting of the American Association for the Study of Goiter at Seattle, Washington, Doctor William F. Rienhoff, Jr., of Johns Hopkins University, Baltimore, received the annual award of \$300 for the best essay dealing with the goiter problem. Doctors O. P. Kimball, of Cleveland, and E. P. and D. R. McCullagh, Cleveland Clinic Foundation, Cleveland, and Robert P. Ball, of the University of Louisville, received honorable mention.

BOOK REVIEWS

Recent Advances in Neurology. By W. Russell Brain, M. D., and E. B. Strauss, B. M., London. Second edition. Pp. 429, with 39 illustrations. Cloth. Price, \$3.50. Philadelphia: P. Blakiston's Son & Company, 1930.

This book is fundamentally one for a person who has had training in neurology. It has a clear yet simple style which makes it very easy to understand, and also makes it possible to absorb the subject matter rapidly. It definitely avoids tiresome technical words and gives a simpler language whenever it can be used. The point which particularly struck the reader was the simplicity and the clearness with which the technique of the various procedures was discussed. The latter was particularly interesting in the discussion of the procedure of cistern puncture. There is quite a discussion of the pathology and systemology of the various tumors. Recent experimental work has been described in detail and its application to clinical entities described.

One cannot criticize this book without making mention of the extensive bibliography and the excellent resume on recent literature on this subject. This book is invaluable for quicker reference of any neurological condition.

Principles and Practice of Dermatology. Vol. III. Treatment of Skin Diseases, in Detail. By Noxon Toomey, M. D., late Instructor in Dermatology, St. Louis University. Pp. 512. Cloth. St. Louis: Lister Medical Press, 1930.

This book is a readable one, wherein the practitioner will find many practical points on treatment, but it is not in quite sufficient detail to be of great value to the specialist, nor are some of the most recent and advanced methods of treatment included. It is, however, a book that the general practitioner may place on his shelf with the assurance that that little practical pointer he wishes is there.

Gonococcal Infection in the Male. By Abr. L. Wolbarst, M. D., Urologist, Beth Israel Hospital, New York. Second Edition. Pp. 297, with 140 illustrations. Cloth. Price, \$5.50. St. Louis: C. V. Mosby Company, 1930.

This book is intended for the general practitioner, but may well be read by the specialist. The gross anatomy is well covered, the histologic anatomy but superficially. Diagnosis is well covered, but no mention made of some of the newer culture media for the gonococcus. Self treatment (by hand injections) is rightfully condemned by the author.

The reviewer fails to follow the author's reasoning where the latter uses the Carleton syringe in preference to hydrostatic pressure in intravesi-

cal irrigations, for where the Carleton syringe is piston driven, the hydrostatic irrigation is controlled by finger pressure of a flexible rubber tube. It is a known fact that with low pressures the cut-off muscle will more often relax than with high pressures. The author's suggestion that vasotomy may easily be done by the practitioner is open to criticism. This procedure belongs in the hands of the urologist.

In the treatment of arthritis, intraprostatic and intravesicle injections by the rectal route might have been mentioned. The author fails to mention McCarthy's panendoscope in the diagnosis and treatment of urethral lesions. He has been painstaking in stressing the search for the location of the predominant focus of infection. The chapter on urethral stricture is good, although many men have given up the whalebone filiform for the softer filiforms. The chapters: "When is Gonorrhoea Cured?", "Sexual Neuroses following Gonorrhoea", "Male Sterility following Gonorrhoea", and "Personal Prophylaxis" are ably handled. These chapters are especially recommended to the general practitioner.

Personal and Community Health. By Clair Elsmere Turner, Dr. P. H., Professor of Biology and Public Health, Massachusetts Institute of Technology. Third Edition. Pp. 443, with 62 illustrations. Cloth. Price, \$2.75. St. Louis: C. V. Mosby Company, 1930.

This book may be well termed a multum in parvo edition, containing as it does a wealth of information. It is an assembly of articles adapted to the use of the general practitioner as well as those more deeply interested in public health work. A worth-while book.

Dietetics and Nutrition. By Maude S. Perry, B. S., formerly Director of Dietetics, Michael Reese Hospital, Chicago. Pp. 332. Cloth. Price, \$2.50. St. Louis: C. V. Mosby Company, 1930.

This book covers a broad field in a concise, thorough, and scientific way, yet the subjects are treated in simple language, making it a very good reference book for nurses, teachers, and physicians.

The chapter on the feeding of the sick is particularly good, dealing with this important branch in a practical manner which should be very beneficial, especially to nurses.

The arrangement of diet lists shows that the author has given them very careful consideration in every detail. The work as a whole is a review of the most modern advances in this field and contains many helpful hints to health.

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